

State of Tennessee



Department of State

Corporate Filing Unit
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

**Notice of Cancellation/Transfer
of Reservation of Name**

For Office Use Only

Pursuant to the provisions of Section 48-14-102(b)(c) of the Tennessee Business Corporation Act or Section 48-54-102(b)(c) of the Tennessee Nonprofit Corporation Act, the undersigned hereby submits the following application for cancellation/transfer of reservation of name:

1. The reserved name to be cancelled/transferred is: _____

2. The name and address of the applicant or transferee is:

Zip Code

Please check applicable box:

- Cancellation of Reserved Name
- Transfer of Reserved Name

Date: _____, _____

Holder of Reserved Name

By: _____
(Signature)

Name (typed or printed)

Signer's Capacity

